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APPLICANTS

David A. Neese, Escondido, CA;

Peter J. Fellingham, San Diego, CA;
Timothy T. Grady, San Diego, CA;** CONTINUING DATA ***** *KJ*** FOREIGN APPLICATIONS ***** *KJ***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>KJ</i>	Examiner's Signature <i>KJ</i> Allowance Initials	CA	10	35	2

ADDRESS

Mark G. Bocchetti
 Patent Legal Staff
 Eastman Kodak Company
 343 State Street
 Rochester , NY
 14650-2201

TITLE

Bi-directional color printer and method of printing

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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